

Hospital Notification: A change in Oregon Child Welfare Practice
July 26, 2021

Background: Child Welfare has historically exercised the discretionary authority to provide notifications to hospitals with a request (not a mandate) to contact Child Welfare when an identified individual gives birth. The basis for the notification is concern the infant may be subjected to abuse.

Change: Child Welfare will no longer provide hospital notifications when the individual who is the subject of the notification is not receiving Child Welfare services.

Reasons behind change:

1. In an effort to align actions with [The Child Welfare Vision for Transformation](#), Child Welfare professionals are re-evaluating the approach for serving and supporting families and communities served. Historical use of hospital notifications was identified as a practice of oversurveillance rooted in bias and systemic racism. Child Welfare is working to be anti-racist and dismantle practices, if not required by statute, that perpetuate systemic racism, recognizing Child Welfare has caused significant harm to communities of color.
2. Child Welfare does not have the legal authority to send hospital notifications on closed cases.
 - Hospital notifications are not required by statute.
 - Child Welfare may provide notifications (ORS 419B.035 supports discretionary authority).
 - Hospital professionals are only required to contact Child Welfare for a mandatory report.
 - For reporting purposes child refers to individuals from birth to age 18 and in some circumstances to age 21.
 - Concerns surrounding a pregnant individual caring for no children is not a mandatory report.

What remains the same:

1. Healthcare providers and social workers continue to be mandatory reporters.
2. Hospital professionals may still voluntarily report concerns about a pregnant individual to the Oregon Child Abuse Hotline – even when that individual is not caring for children.
3. Child Welfare exercises discretion surrounding use of hospital notifications when the individual who is the subject of the notification has received or is receiving Child Welfare services.

Supporting pregnant and post-partum individuals and substance exposed infants: Most hospital notifications result from concerns related to parental substance use. It is important to note Oregon’s implementation of the Comprehensive Addiction and Recovery Act (CARA) provides the opportunity for family serving professionals to partner with pregnant and post-partum individuals with substance use disorder (SUD), in part through the use of Plans of Careⁱ. A collaborative process for implementing Plans of Care across family serving professionals will support the objectives of increasing engagement, maintaining infants safely with their families, mitigating the impact of substance use, and supporting parents diagnosed with substance use disorder with their recovery.

ⁱ For more information on Plans of Care contact Oregon Child Welfare CARA coordinators: Alicia Kleen Alicia.kleen@dhsosha.state.or.us or Carmen Mims carmen.mims@dhsosha.state.or.us